



**National Institutes of Health
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Office of Minority Health Research Coordination**

NIH Summer Internship Program

To learn more about NIDDK you may visit our website at <http://www.niddk.nih.gov> .

1. Personal Information

Name: Mr / Ms _____
(circle one) **First** _____ **MI** _____ **Last** _____

Month/Day/Year of Birth: ____ / ____ / ____ (mm/dd/yr)

E-mail Address: _____

Permanent Address: _____

_____ **City**

_____ **State**

Permanent Zip Code: _____

Permanent Home Phone: _____

Veteran: ____ yes ____ no

Citizen Status: _____

**Previous Research
Experience at NIH:** _____

Relative at NIH: ____ yes ____ no

If yes, relative employed by: _____

2. Academic Information – An original copy of your college transcript is required.

School Name: _____

Student's Address at School: _____

City: _____

State: _____

Zip Code: _____

Student's Telephone

Number at School: _____

Current Education Level: _____

Year at Current Level: _____

Current Cumulative GPA: _____

School Grading Scale: _____

**Total Credit Hours (by the
End of the semester):** _____

Academic Major: _____

3. Coursework: Include coursework currently in progress.

4. Resume: Please attach a sheet with your CV. Include education, relevant research experience, scientific publications, honors and awards, etc.

5. References (2 Letters of References are required)

Reference 1 (Name, Phone, Address):
A letter of recommendation will be expected from...

Name: Mr / Ms	_____	_____	_____
	First	MI	Last

Address: _____

Phone: _____

E-mail: _____

Reference 2 (Name, Phone, Address):
A letter of recommendation will be expected from...

Name: Mr / Ms _____

 First MI Last

Address: _____

Phone: _____

E-mail: _____

6. Personal Statement: Please state your research interest, career goals, and reasons for applying to training at the NIH. If more space is needed please attach a separate sheet.

7. Racial/Ethnic Origin: Check one of the following categories, which most closely reflect your racial/ethnic origin.

☐ American Indian/Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Other. (Optional) Please Specify _____

☐ Check here if you do not wish to provide information.

NOTICE TO ALL APPLICANTS:

- Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.
- Deadline for applications is March 1. However, we encourage applicants to submit their applications ASAP.
- Additional information for payroll purposes may be requested upon selection.
- Applications may be submitted electronically or via fax to:

Ms. Winnie Martinez
Program Analyst
Office of Minority Health Research Coordination
National Institute of Diabetes and Digestive and
Kidney Diseases, NIH
II Democracy Plaza
6707 Democracy Blvd., Room 648
Bethesda, Maryland 20892

Tel: 301-435-2988

Fax: 301-594-9358

Email: MartinezW@extra.niddk.nih.gov

- The receipt of your application will be acknowledged via email.

Application-Gateway-DK Honors Program
1/4/02